

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

(1) HARRY T. COLLINS 156625  
(Name of Plaintiff) (Inmate Number)

PO BOX 9561 WILMINGTON DE 19809  
(Complete Address with zip code)

(2) \_\_\_\_\_  
(Name of Plaintiff) (Inmate Number)

\_\_\_\_\_  
(Complete Address with zip code)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

vs.

(1) LINDA HUNTER AND

(2) HRYCI MEDICAL DEPARTMENT

(3) \_\_\_\_\_  
(Names of Defendants)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

**I. PREVIOUS LAWSUITS**

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

YES. THE SUIT WAS FILED IN 1998, HOWEVER, AT THIS TIME I  
AM UNABLE TO PROVIDE THE CASE NUMBER AND JUDICIAL  
OFFICER.

05 - 624

\_\_\_\_\_  
(Case Number)  
( to be assigned by U.S. District Court)

**CIVIL COMPLAINT**

\* Jury Trial Requested

**FILED**

AUG 24 2005

U.S. DISTRICT COURT  
DISTRICT OF DELAWARE

## II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes • • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes • • No
- C. If your answer to "B" is Yes:
1. What steps did you take? OVER 90 DAYS I SUBMITTED THREE (3) SICK CALL REQUESTS AND THEN FOLLOWED WITH TWO (2) MEDICAL GRIEVANCE FORMS.
  2. What was the result? I HAVE NOT RECEIVED ANY RESPONSE OR RESOLUTION FROM THE MEDICAL DEPARTMENT.
- D. If your answer to "B" is No, explain why not: \_\_\_\_\_

## III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: LINDA HUNTER
- Employed as MEDICAL DIRECTOR at HOWARD R. YOUNG CORRECTIONAL INST.
- Mailing address with zip code: P.O. BOX 9561 WILMINGTON DELAWARE 19809
- (2) Name of second defendant: HRYCI MEDICAL DEPARTMENT
- Employed as \_\_\_\_\_ at HOWARD R. YOUNG CORRECTIONAL INST.
- Mailing address with zip code: P.O. BOX 9561 WILMINGTON DELAWARE 19809
- (3) Name of third defendant: \_\_\_\_\_
- Employed as \_\_\_\_\_ at \_\_\_\_\_
- Mailing address with zip code: \_\_\_\_\_

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

**IV. STATEMENT OF CLAIM**

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. I HAVE HEPATITIS C AND REQUIRE SPECIFIC MEDICATIONS TO CONTROL THE PAIN ASSOCIATED WITH THIS INCURABLE DISEASE. I ALSO HAVE SEVERE ARTHRITIS AND CHRONIC BACK AND HIP PAIN. THE PRISON HAS LISTED ME AS A CHRONIC CARE PATIENT THAT ENTITLES ME TO FREE MEDICAL SERVICES TO INCLUDE MEDICATIONS.
2. THE NURSING STAFF THAT LINDA HUNTER DIRECTS HAS ON SEVERAL OCCASIONS HARSHLY MISTREATED ME AND VERBALLY ABUSED ME. I WAS REFUSED MY REQUIRED MEDICATION AND TOLD TO, "LIVE WITH THE PAIN". A REQUEST TO SEE A DOCTOR INSTEAD OF A NURSE WAS REFUSED ME. I WAS DENIED A REQUEST I MADE FOR A BOTTOM BUNK PASS AND AN EGG CRATE FOAM MATTRESS NEEDED TO AID MY CHRONIC CONDITION.
3. I HAVE NOT BEEN ALLOWED TO FULLY EXPLAIN MY CONDITION, MAKING IT IMPOSSIBLE TO RECEIVE THE PROPER TREATMENT. I HAVE BEEN IMPROPERLY CHARGED FOR BEING SEEN AT THE INFIRMARY AND FOR MEDICATIONS ADMINISTERED, WHICH I QUALIFY TO RECEIVE AT NO CHARGE.

**V. RELIEF**

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I AM SEEKING BOTH MEDICAL AND MONETARY RELIEF.
  1. BE SEEN BY A QUALIFIED PHYSICIAN.
  2. BE PROVIDED A BOTTOM BUNK PASS AND AN EGG CRATE FOAM MATTRESS.
  3. A WRITTEN APOLOGY FROM LINDA HUNTER.
  4. PAID \$600.<sup>00</sup> PER DAY EFFECTIVE FROM 14 JUNE 2005 UNTIL THIS MATTER IS SETTLED IN COURT.

2.

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3.

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I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18<sup>th</sup> day of AUGUST, 2005.

\_\_\_\_\_  
(Signature of Plaintiff 1)

\_\_\_\_\_  
(Signature of Plaintiff 2)

\_\_\_\_\_  
(Signature of Plaintiff 3)

HARRY T. COLLINS 156625  
P.O. BOX 956L  
WILMINGTON DE 19809

AUG 23 2005 AUG

CLERK  
U.S. DISTRICT COURT  
LOCKBOX 18  
844 N. KING STREET  
WILMINGTON DE 19801

17